

SES PROVIDER APPLICATION**Part B****PROVIDER SERVICE SUMMARY**

(This information will be available on-line to parents, schools, and the general public.)

PROVIDER INFORMATION

NAME OF PROVIDER: Southwest Center for Educational Excellence

MAILING ADDRESS: 528 Ellis Street

CITY: Webb City STATE: Missouri ZIP CODE: 64870

PHONE NUMBER: (417) 673-7078

FAX NUMBER: (417) 673-7799

E-MAIL ADDRESS: bob@southwestcenter.org or deanna@southwestcenter.org

PRIMARY CONTACT INFORMATION

NAME: Bob Collier

PHONE NUMBER: (417) 673-7078

E-MAIL ADDRESS: bob@southwestcenter.org or deanna@southwestcenter.org

SERVICES**Provider status—check all that apply:**

- ☐ For-profit organization
☒ Non-profit organization
☐ Faith-based organization

- ☐ School district
☐ School building
☐ Individual
☐ Other: _____

Areas to be served by provider:

- ☐ All school districts in Missouri
☒ Specific districts or counties. Please list: Southwest Center member districts

Number of sessions per week: Per school district**Minimum/maximum numbers:**

Minimum number of students required before offering services: 3

Maximum number of students to be served at a session: Varies

Cost per session:**Proposed location of service delivery:**

- ☒ Student's school site (if negotiated with the district)
☐ Provider site
☐ Other--explain: _____

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?
(Note: Districts are not required to provide or pay for transportation).

No transportation provided

Certification of instructors:

- ☒ Baccalaureate degree in education
☐ Baccalaureate degree in related field of instruction. Please list related field(s): _____
☐ Reading Specialist
☐ Other: _____

Additional education and/or experience:

- ☐ Masters level degrees or above in either reading or mathematics
☒ Missouri teacher certificated/licensed teachers
☐ Experience teaching students with specific disabilities
☐ Experience teaching LEP students
☐ Ability to speak languages other than English. Please list: _____
☐ Other: _____

Tutoring subjects available:

☒ Reading ☒ Writing ☒ Math

Grade Levels Served:

☒ K-2 ☒ 3-5 ☒ 6-8 ☒ 9-12

Title or description of tutoring curriculum utilized: A+

Time of Service:

☐ Before School
☒ After School
☐ Weekends
☒ Summer
☐ Other: _____

Mode of Instructional Delivery:

☒ Individual one-on-one tutoring
☒ Small group instruction (2 to 5 students)
☒ Large group instruction (6 to 10 students)
☒ On-Line/Web-based
☐ Other: _____

Specifics of reporting to parents & school (check all that apply):**Method:**

☒ letters
☐ phone calls
☒ conference with parents
☐ conference with parents & school
☐ other: e-mail or fax

Frequency:

☐ weekly
☐ bi-monthly
☒ monthly
☐ other: _____

Specific Student Populations Served:

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

☒ Low-income students
☒ Minority students
☒ Migrant students
☒ Limited English proficient students (LEP)
☒ Special education students
☐ Other—describe: _____

☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.

Indicate subgroups: _____

Effectiveness:

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

We have letters from past teacher participants which give the strong points of our program. These can be made available upon request.